

# **COMMUNITY CARE LICENSING DIVISION**

*"Promoting Healthy, Safe and  
Supportive Community Care"*

## **Self-Assessment Guide RESIDENTIAL CARE FACILITY FOR THE ELDERLY ADMINISTRATIVE ASSESSMENT**



**TECHNICAL SUPPORT PROGRAM  
RESIDENTIAL CARE FACILITY FOR THE ELDERLY  
ADMINISTRATIVE ASSESSMENT**

This self-assessment tool is designed to assist licensees and facility staff in performing periodic self-assessments of their facility's operation. Areas listed include some of the most common problem areas noted by Licensing Program Analysts during their evaluation visits. It is not an exhaustive list or a full summary of regulations relating to the operation of facilities. ***It is a supplement intended to assist licensees and facility staff develop a good working knowledge of the regulations.***

Licensees should refer to the referenced regulation(s) for more complete information on these requirements. Items contained in this tool which have an asterisk (\*) are recommended practices that can help licensees avoid situations which may lead to violations.

This assessment can be used as often as necessary to review your facility's performance and identify and correct deficiencies. It can also be used as a training tool for your staff. You may add other items to this form to address operations within your particular facility which have historically been problematic or to implement program standards that exceed requirements of the Community Care Licensing Division (CCLD).

**ADMINISTRATION**

**MET**      **NOT MET**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The facility is operating within the conditions and limitations specified on the license including waivers, ambulatory determinations, age, and population type and number. 87110   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | License is posted in a prominent place accessible to public view. 87115   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The facility has posted a current disaster and mass casualty plan of action (Emergency Disaster Plan Form LIC 610E), as well as emergency exiting plans / diagrams and telephone numbers. 87223(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Administrator has a current administrator's certificate. 87564(a) and 87564.2(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Roster of Facility Residents (LIC 9020) is available. 87571   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | All licensing reports, except those for unfounded complaints, which have been received within the past twelve months and all licensing reports from the last annual or comprehensive visit are placed conspicuously for public review. H&S Code 1569.38 |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | * Waivers are maintained on file.   |

**PERSONAL PROPERTY**

**MET**      **NOT MET**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Surety Bond (LIC 402) is sufficient for amount of cash handled (when required under conditions of 87227(a)). 87226(a)(1)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Theft and Loss Policy is posted and reviewed semi-annually. Resident Theft and Loss Record (LIC 9060) is available in the resident's file. 87227.1(a)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Personal Property and Valuables list (LIC 621) is updated with additions   |

and deletions. 87227(g), 87227.1(a)(4)

- |                          |                          |      |   |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Residents' cash records (LIC 405) are current and balance with cash being safeguarded (when required under conditions of 87227(a)). 87227(g)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Loans to residents are documented.  |

### **INCIDENT REPORTING**

#### **MET      NOT MET**

- |                          |                          |      |  |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Unusual Incidents/Death Reports (LIC 624/624a) are sent to CCLD and are reported to the resident's responsible person within seven (7) days. 87561(a)(1)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Incidents of suspected elder or dependent abuse are reported immediately by telephone, followed by a written report submitted with two working days in accordance with W & I Code 15630. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * | All administrative and care staff are trained in the requirements of incident reporting.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Administrator has reviewed incident reports and taken any corrective action necessary.   |

### **RECORDS (STAFF)**

#### **MET      NOT MET**

- |                          |                          |      |   |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Employee files contain all required records and information and are available to CCLD for review. 87566(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Required documents having expiration dates are kept current - i.e. first aid, driver's licenses, administrator certification. 87574, 87575(f)(4)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | DOJ clearances or exemptions are granted prior to employment, residence or initial presence in the facility for all adults, other than clients, who are 18 years of age or older. 87219(e)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Documentation is on file that all care staff in facilities that advertise or promote special care, programs or environments for residents with dementia have received 6 hours of training in the first four weeks of employment and 8 hours annually thereafter in the care of residents with dementia. 87725.1(a)                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.   | Documentation is on file that all care staff in all facilities has received 10 hours of training in the first four weeks of employment and 4 hours annually thereafter as required. 87566(c)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.   | Personnel files for each employee contain a completed copy of the revised form SOC 341A acknowledging their responsibility and rights regarding abuse reporting and written verification that the abuse reporting material provided by the Department of Justice (video, workbook, brochures) has been reviewed. W & I Code 15655(a)(3), 15659(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * | Any other continuing education and in-service training are documented.  |

- ☐ ☐ 8. \* Exemptions are maintained in file.

### **RECORDS** **(RESIDENTS)**

#### **MET**      **NOT MET**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A Telecommunications Device Notification Form (LIC 9158) is on file for each resident with a hearing, speech, or other communicative disability. 87568(b)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Information in resident's file is updated as needed. 87570(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Resident records are separate, complete and contain the required records and information for each resident. 87570(a)(b)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Residents' records are not accessible to unauthorized persons. 87570(c)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Residents are provided with information about Advanced Health Care Directives (PUB 325) and copies of regulation sections 87575.1(b)(c) upon admission. 87575.1(a)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Resident Pre-Admission Placement Appraisals (LIC 603) are completed prior to admission into the facility and updated as necessary. 87583(c)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A written record of the services to be provided to the resident is prepared prior to or within two weeks of admission and is updated at least annually. 87583.1  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Copies of any exceptions for residents are maintained in the resident's file. Residents with allowable health conditions are retained in accordance with all conditions required in section 87702 (b). |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Documentation for allowable health conditions is maintained in file and is current. 87702.1(b)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. All required documentation is complete, implemented, and maintained in the facility file for any resident receiving hospice services. 87716   |

### **MEDICATIONS**

#### **MET**      **NOT MET**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Residents are assisted with medications according to label/physician instructions. 87575(a)(1)(6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Medication refills are ordered in a timely manner to ensure the facility maintains a current supply on hand at as needed. 87575(a)(5)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Each resident's file contains documentation from the resident's physician that the resident can determine and communicate his/her need for <u>prescription</u> and <u>nonprescription</u> PRN or "as needed" medication and the physician has provided written instructions for its use. 87575(b)(e) |

**OR**

For nonprescription PRN or “as needed” medication only, each resident's file contains documentation from the resident's physician that the resident cannot determine his/her need but can clearly communicate his/her symptoms and the physician has provided written instructions for its use. 87575(c)(1) and (e)

**OR**

For prescription and nonprescription PRN medication, when the resident is unable to determine his/her own need for the medication and is unable to clearly communicate his/her symptoms, facility staff contact the resident's physician before each dose is given and receive instructions. 87575(d)(1) and (e)

- |                          |                          |       |  |
|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4.    | All centrally stored medications (including over-the-counter medicines and medications stored in the refrigerator) are locked. 87575(h)(2)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.    | Medications are maintained in compliance with label instructions and medication labels are not altered. (Room temperature, refrigerated, etc.) 87575(h)(4)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.    | Medications are stored in their original container and are not transferred between containers. 87575(h)(5)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.    | Each prescription medication has been logged in a centrally stored medication record. 87575(h)(6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.    | There are no expired medications (including over-the-counter medications) and destruction of prescription medications is logged on the record of centrally stored medications 87575(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.    | There are no permanently discontinued medications nor are there medications for any former residents in the facility. 87575(i)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.   | Documentation is on file indicating the physician has been contacted when residents refuse medications. 87591  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11.   | Syringes and needles are immediately discarded into an appropriate container (i.e. a container for sharps), and the container is locked and inaccessible to residents. 87691(f)(2)     |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. * | Documentation is on file that the resident's physician is aware of all over-the-counter medications used by those residents whose medications are managed by the facility.             |

**FOOD SERVICE**

**MET**      **NOT MET**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Arrangements are made so that at least three meals per day are made available to each resident and no more than fifteen (15) hours elapse between the third and first meal. 87576 (b)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Snacks and beverages are made available in the facility. 87576(b)(3)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Menu is prepared one week in advance in RCFEs with a capacity of 16 or more. Copies of menus as served are dated and kept on file for at   |

least 30 days. 87576(b)(6)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A sample menu is maintained in the facility file of RCFEs with a capacity of 15 or less and is available for review upon the request of residents and/or their designated representatives. 87576(b)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Modified diets are provided as needed. 87576(b)(7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Food supplies, including frozen foods, are kept covered and inaccessible to pests and contamination. 87576(b)(9)(23)(28)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. When indicated, food is cut, chopped, pureed or ground to meet individual resident needs. 87576(b)(10)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Powdered milk is not used as a beverage. 87576(b)(11)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Freezers are kept at 0 degrees Fahrenheit (-17.7degrees C). and refrigerators at 40 degrees Fahrenheit (4 degrees C). 87576(b)(21)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. There are no pesticides or toxics (ant spray, rodent poison) stored in any food store rooms, kitchen areas, or where kitchen equipment or utensils are stored. 87576(b)(24)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Cleaning supplies (including soaps) are kept in areas separate from food supplies. 87576(b)(25)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. A two-day supply of perishables and a seven-day supply of non-perishable foods and beverages are available on the facility grounds. 87576(b)(26)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Food storage and preparation areas (pantries, cupboards, freezers, stoves, microwaves, refrigerators, counters) are clean and free of rodents and insects. 87576(b)(27) (29)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Contaminated or spoiled food is discarded. 87576(b)(28)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Dishes, glasses and utensils are clean and in good condition (no cracks or chips). 87576(b)(29)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. * Food supplies are dated and rotated to use older items first.   |

### **ACTIVITIES**

#### **MET      NOT MET**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All interested residents are encouraged to voluntarily attend available activities. 87572(a)(5), 87579(c)(1)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Activities available include: socialization, activities which maintain daily living skills, leisure time activities, physical activities and educational activities. 87579(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Current activity calendar is posted in facilities with a capacity of 7 or more. 87579(d)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sufficient equipment and supplies are available to meet the requirements of the activity program. 87579(l)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Resident council meetings are made available upon request of  |

residents. 87592

- ☐ ☐ 6. \* Activities are provided as scheduled on activity calendar.

### **ACCEPTANCE AND RETENTION LIMITATIONS**

**MET** **NOT MET**

- ☐ ☐ 1. A written and accurate hospice care plan is developed and adhered to when hospice care is provided under waiver from CCLD. 87716(a)(4)
- ☐ ☐ 2. Residents are not admitted or retained who require health services or have health conditions which are prohibited. 87701(a)

### **RESIDENT OBSERVATION**

**MET** **NOT MET**

- ☐ ☐ 1. All residents are regularly observed to ensure their physical, mental, emotional and social needs are met. 87591
- ☐ ☐ 2. Changes and/or deterioration in resident's condition are reported to the resident's physician and responsible person, if any. 87591
- ☐ ☐ 3. \* Staff is familiar with plans of action stemming from initial appraisals or reappraisals of resident service needs.

### **PHYSICAL PLANT**

**MET** **NOT MET**

- ☐ ☐ 1. Equipment and supplies for personal hygiene are available for residents in sufficient amounts. 87577(a)(3)
- ☐ ☐ 2. Residents have clean wash cloths and bath/hand towels. Washcloths and towels are not shared. There is a sufficient supply of linens available to permit changing weekly or more often as needed to ensure use of clean linens at all times by residents. 87577(a)(3)(C)
- ☐ ☐ 3. Handrails are securely fastened. 87577(d)(4)
- ☐ ☐ 4. Passageways, stairways and doors are not blocked or obstructed. 87577(d)(6)
- ☐ ☐ 5. Bodies of water are inaccessible through fencing, covering or other means to residents with physical or mental disabilities. 87577(e)
- ☐ ☐ 6. Equipment and supplies are stored where they do not interfere with space designated for resident's indoor and outdoor living and activities. 87690(c)
- ☐ ☐ 7. Water for human consumption from a private source is inspected as a condition of initial licensure and subsequent periodic analysis is conducted as required. 87691(e)(1)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Storage areas for firearms, poisons and dangerous weapons are locked. Using trigger locks or removing firing pins is acceptable for firearm(s). Ammunition and/or removed firing pins are stored and locked separately from the firearm(s). 87692(a)(1-3)                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Resident bedrooms with security bars on the windows or doors have at least one window/door in the bedroom with an approved safety release device to allow emergency evacuation. H&S Code 1569.6991.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Egress alert devices and other dementia care features are operational and staff responds to them. 87724   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Facility is clean, safe, sanitary, and in good repair at all times to ensure the safety and well-being of residents, employees, and visitors. 87691(a)..... <b>To ensure your facility meets this standard, you are encouraged to inspect it often using the following checklist...</b> |

### **RCFE INSPECTION CHECKLIST**

#### **OK**

#### **PROBLEM**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Walls and ceilings are clean and in good repair.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Paint/wallpaper is in good condition.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Facility is free of flies and other insects.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Windows and curtains/blinds are in good condition and operate properly.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors and floor coverings are clean and in good repair.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Doors are in good condition and operate properly.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke detectors operate properly and fire extinguishers are properly charged.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Furniture and fixtures are in good repair.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Buildings and grounds are free from hazards (e.g., broken glass, exposed electrical wiring, protruding nails).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Rooms are clean, safe, sanitary and free of odors.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot water faucets used by residents for personal care deliver water heated between 105 – 120 degrees F, and faucets not used for residents personal care that provide water above 125 degrees F (52 degree C) are prominently identified by warning signs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sinks, tubs, toilets, showers, and other related equipment are clean and operate properly and toilet seats are securely fastened.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Room temperature is a minimum of 68 degrees and a maximum of 85 degrees. (In extreme heat, maximum temperature is 30 degrees less than outside.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | All window screens are clean and in good repair.   |



- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Grab bars for all tubs, showers and toilets used by residents are present and securely fastened.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-skid strips or mats are placed in tubs and showers.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash cans have tight fitting covers.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Signal systems, if required, operate properly.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Disinfectants, cleaning solutions and other hazardous items which could pose a danger are inaccessible to residents. |

### **RESIDENT ROOMS**

#### **MET      NOT MET**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Mattresses, box springs and pillow(s) are in good condition. Fillings and covers for both the mattress and pillow(s) are flame retardant. 87577(a)(3)(A)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There is one chair, nightstand, adequate lighting and a single chest of drawers for each resident. 87577(a)(3)(B) and (E)<br><br>(a single chest of drawers may be shared by two residents if each is provided a minimum of eight cubic feet of drawer space.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Sheets, pillowcases, mattress pads, blankets and bedspreads, are clean and in good repair. 87577(a)(3)(C)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. There is adequate closet and drawer space for clothing/personal belongings. A minimum of eight cubic feet of drawer space shall be provided. 87577(a)(3)(E)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clothes stored in dressers and closet spaces are clean. 87577(a)(3)(F)   |

### **MISCELLANEOUS**

#### **MET      NOT MET**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Vehicles used to transport residents are maintained in safe operating condition. 87574  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The facility is equipped with first aid supplies (sterile first aid dressings, bandages, thermometer, scissors, tweezers) and a current first aid manual. 87575(a)(9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Basic laundry service (washing, drying and ironing of personal clothing) is provided. 87577(a)(3)   |